

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 APR 26 PN 4: 05

SECRETARY OF STATE STATE OF TOAHO

The name of the limited liability	STATE OF HIGH
The name of the limited liabili	
	BWM LLC
. The complete street and mailing	ng addresses of the initial designated office:
1143 N. Snead Pl Eagle ID 83616	
(Street Address) P.O. Box 2654 Eagle ID 83616	
(Mailing Address, if different than street add	ldress)
3. The name and complete stree	et address of the registered agent:
Ryan Martin	1143 N. SNEWD PI EAGLE ID 83616
(Name)	(Street Address)
The name and address of at le company:	east one member or manager of the limited liability
<u>Name</u>	Address
Ryan Martin	P.O. Box 2654 Eagle ID 83616
·	·
5. Mailing address for future corr	respondence (annual report notices):
P.O. Box 2654 Eagle ID 83616	
5. Future effective date of filing (optional):
ignature of a manager, memb	per or authorized
erson.	
	Secretary of State use only
signature	-
yped Name: Ryan Martin	
ignature	IDANO SECRETARY OF STATE
yped Name:	CK: 1838 CT: 265652 BH: 132
J1	1 9 100.98 = 199.89 ORGAN LL

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